

The Architecture of Absence: Childhood Trauma, Borderline Personality Disorder, and the Fragmented Narrative in English Literary Representations

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Abstract— This paper investigates the causal link between childhood trauma and the development of borderline personality disorder (BPD), as portrayed through the formal and thematic structures of 20th- and 21st-century English literary representations. By synthesising Marsha Linehan's biosocial theory and Mary Zannarini's multifactorial model with contemporary trauma theory, the analysis elucidates how early environmental invalidation triggers the structural instability of the "fragmented self" (Linehan, 1993; Zannarini, 1997). Moving beyond a broad thematic survey, the study anchors its micro-close reading in a stable theoretical frame to analyse how narrative techniques—such as temporal disjunction, unreliable narration, and somatic metaphors—reflect the cognitive and emotional dimensions of BPD, specifically within the context of Theory of Mind (ToM) deficits (Balaev, 2012). Crucially, the paper theorises that behaviours such as sadomasochistic behaviour are derivative consequences of childhood trauma, functioning as maladaptive re-enactments aimed at achieving mastery over past injury (Freud, 1920). By analysing a justified corpus of five major works, the report establishes the "trauma text" and the practice of scriptotherapy as mimetic equivalents to clinical realities of identity diffusion and emotion dysregulation (Plath, 1963; Kaysen, 1993).



Keywords— Borderline Personality Disorder, Childhood Trauma, Biosocial Theory, Narrative Identity, Fragmented Self, Literary Trauma Theory, Emotion Dysregulation, Sadomasochistic Behaviour, Scriptotherapy, Theory of Mind.

Introduction

This paper investigates the causal link between childhood trauma and the development of borderline personality disorder (BPD), as portrayed through the formal and thematic structures of 20th- and 21st-century English literary representations. By synthesising Marsha Linehan's biosocial theory and Mary Zannarini's multifactorial model with contemporary trauma theory, the analysis elucidates how early environmental invalidation triggers the structural instability of the "fragmented self" (Linehan, 42). This paper moves beyond a broad thematic survey to conduct a critical analysis of representational strategies, focusing on how narrative identity is constructed and deconstructed within a "trauma text" (Balaev, 12). The findings indicate

that these literary representations serve as mimetic depictions of fractured autobiographical reasoning and identity dispersal, where narrative techniques such as temporal disjunction, unreliable narration, and somatic metaphors reflect the cognitive and emotional dimensions of BPD.

At the heart of this inquiry is the sharpened thesis that the structural instability of the borderline self, as portrayed in these texts, is a direct mimetic equivalent to the clinical reality of chronic developmental invalidation. This analysis further theorises that behaviours often framed as "deviant", such as sadomasochism and repetitive self-harm, are not opposed to the trauma narrative but are derivative consequences—adaptive, if dysfunctional, re-enactments

aimed at reclaiming agency over past violations within a controlled framework. By examining the text of Sylvia Plath's *The Bell Jar*, Susanna Kaysen's *Girl, Interrupted*; Jean Rhys's *Wide Sargasso Sea*; Hanya Yanagihara's *A Little Life*; and Gillian Flynn's *Sharp Objects*, this report demonstrates that the "trauma text" provides a phenomenological link between clinical diagnostics and the lived experience of emotion dysregulation, social alienation, and the quest for narrative resilience (Yanagihara 2015; Flynn 2006).

Broad theorisation of Trauma: From Universal Disruption to Developmental Injury

To establish a stable theoretical frame, trauma must be defined as an experience that overwhelms an individual's existing defences against anxiety and causes lasting adverse effects on functioning (Garland, 2002). Classical trauma theory posits that trauma is an occurrence that "disrupts consciousness and obstructs direct linguistic expression" (Caruth, 11). Traumatic memories often persist as "unassimilated fixed ideas" that act as foci for alternate states of consciousness, including dissociation and chronic

helplessness (Janet, 75). This results in "belatedness" (Nachträglichkeit), where the trauma returns at a later time because it could not be fully integrated during the event (Caruth, 153).

It is essential to distinguish between adult trauma and childhood trauma to understand the etiology of BPD. Adult trauma, which typically results in post-traumatic stress disorder (PTSD), involves a psychological response to an event that "intrudes" upon a previously stable identity. In contrast, childhood trauma occurs during critical neurobiological development, meaning the trauma often becomes the architect of the self rather than an external intrusion (Zanarini, 1997). While PTSD is often linked to a single catastrophic event and external triggers, BPD involves chronic dysfunction rooted in early environments where internal thoughts and feelings become unpredictable triggers (Linehan, 1993).

The following table differentiates the psychological and narrative consequences of trauma based on the developmental timing of the injury:

Dimension of Impact	Adult Trauma (PTSD)	Childhood Trauma (C-PTSD/BPD)
Identity Structure	Pre-existing stable identity; trauma is an "alien" intrusion.	Identity is formed around or through trauma, resulting in "identity diffusion".
Memory Processing	Flashbacks are specific to the event; narrative coherence may be largely intact elsewhere.	Pervasive atemporality; "fragmented memory" across the life story.
Relational Schemas	May involve fear of specific triggers; attachment is often previously secure.	Fundamental "attachment wounds": fear of abandonment vs. fear of intimacy.
Neurobiology	Impacts a fully developed brain (often affecting the limbic-cortical balance).	Alters the development of the HPA axis, limbic system, and white matter connectivity.
Diagnostic Triggers	Primarily external cues reminiscent of the event.	Primarily internal cues (emotions, thoughts) that are unpredictable.

The Biosocial Framework and the Etiology of the Borderline Self

The primary theoretical framework used to analyse the literary representations in this paper is Marsha Linehan's biosocial theory. This model posits that borderline personality disorder is a disorder of emotional dysregulation that arises from the transactional relationship between a biologically predisposed child and an invalidating developmental environment (Linehan, 42). This biological vulnerability is characterised by three dimensions: heightened sensitivity to emotional stimuli, extreme reactivity (high intensity of response), and a prolonged duration before returning to the emotional baseline.

When this "emotional thin skin" is met with an invalidating environment—where primary carers consistently ignore, ridicule, or punish the child's emotional expressions—the child fails to learn how to label, regulate, or trust their own internal states. This environment "reprograms" the child's head, conveying the message that their emotions are "incorrect" or "manipulative" (Linehan, 1993). The long-term consequence is "self-invalidation", where an adult with BPD views their own feelings as untrustworthy, leading to chronic self-doubt and the "structural instability" of the fragmented self (Linehan, 1993).

Mary Zanarini's multifactorial model supplements this by identifying a wide range of childhood adversities that

contribute to the BPD profile. While childhood sexual abuse (CSA) is highly correlated with BPD (with prevalence rates ranging from 30% to 90%), Zanarini emphasises that no single type of trauma is "necessary or sufficient" for the disorder (Zanarini, 1997). Instead, it is the cumulative effect of emotional abuse, physical neglect, and "caretaker-caused traumatic stressors" that compromises the capacity to regulate affect.

ACE Dimension	Primary BPD Symptom Outcome	Statistical Correlation (r or β)
Emotional Abuse	Affective instability, self-image distortion, fear of abandonment.	$r = 0.788, p < 0.01$
Sexual Abuse	Dissociation, chronic self-harm, and relational distrust.	Significant predictor of dissociation
Physical Abuse	Impulsivity, aggression, relational instability.	Significant predictor of high-risk behaviour
Emotional Neglect	Identity diffusion, chronic emptiness, and alexithymia.	Linked to executive function impairments.
Paternal Invalidation	Relational dysfunction, identity disturbance.	Positive predictor of BPD symptoms

The structural instability of the borderline self is therefore not a random outcome but a neurobiological reality. Trauma-induced changes, such as hyperactivity in the limbic system and diminished activation in the prefrontal cortex, result in a "blind spot" in emotional awareness. This necessitates the use of dissociation and self-harm as survival mechanisms to manage overwhelming, unassimilated affect.

Corpus Selection and Justification

The corpus for this research was selected according to transparent principles of communicative function and internal linguistic mimesis. Each text serves as a representative example of how literary representations mirror the "atemporal modes of existence" and identity diffusion associated with BPD (Plath, 1963; Kaysen, 1993).

1. **Representational Precision:** The chosen texts portrayed characters whose psychological profiles align with specific BPD criteria: identity disturbance, affective instability, and chronic feelings of emptiness.
2. **Formal Innovation:** Selection prioritised works that employ "trauma text" mechanics—temporal disjunction, fragmented chronology, and narrative dissociation—as these devices serve as mimetic equivalents to clinical features (Yanagihara, 2015; Flynn, 2006).
3. **Thematic Depth:** The corpus includes works that explore the "materiality of suffering" (Feminist

Quantitative Correlations of Psychotraumatic Events

In representational strategies, authors often employ specific types of childhood trauma to ground the behavioural manifestations of their characters. Clinical research establishes a "graded dose-response relationship" between these experiences and BPD symptoms:

Disability Theory) (Schalk, 2018), moving beyond metaphors of "madness" towards a grounded depiction of the lived experience of psychiatric disability.

By focusing on these five diverse representations, this paper provides a sustained micro-close reading that connects psychological theory with literary form.

Micro-Close Reading: Sylvia Plath and the Linguistics of Polarised Experience

In Sylvia Plath's *The Bell Jar* (1963), protagonist Esther Greenwood's psychological decline is portrayed as a response to an "invalidating social environment" characterised by the rigid gender roles of the 1950s (Plath 1963). A micro-close reading of Plath's linguistic strategies reveals a statistically significant overuse of polarised, categorical language—words like "always", "never", "everyone", and "nothing". This "black-and-white" thinking is a hallmark of the borderline self (Abrams 2016), reflecting a world viewed in stark contrasts where nuance is lost to the intensity of emotional reactivity.

The 'bell jar' itself serves as the primary metaphor for Esther's dissociative experience. She describes it as a "choking cage of distorted vision"—a glass enclosure that makes the world seem distant and unapproachable (Plath 1963). This metaphor captures the phenomenological experience of "depersonalisation" and "derealisation" that occurs when the self is under extreme stress. Esther's description of her existence as a "bad dream" or her feeling

"stopped as a dead baby" further portrays the "chronic feelings of emptiness" that underpin the BPD identity.

Maternal Invalidation and the Father-Colossus

Esther's trauma is rooted in the "compounding effect" of a mother who fails to validate her creative autonomy and the "tragic bereavement" of her father. Drawing on attachment theory, critics suggest that Esther exhibits "anxious-avoidant attachment" and lacks a "secure base" from which to explore her identity. Her mother's attempts to force her

into shorthand and domestic submissiveness act as a form of environmental invalidation, telling Esther that her true self is "incorrect" (Plath, 125).

The violent representation of electroconvulsive therapy (ECT) administered by Dr Gordon portrays the "violence of psychiatry" as an instrument of control rather than healing (Plath 118). Plath utilises "temporal dislocation" to illustrate how this trauma shatters Esther's sense of linear time, leaving her "stewing in her own sour air" under the bell jar.

BPD Criterion in Esther Greenwood	Narrative Manifestation	Underlying Trauma/Trigger
Self-Harm / Suicidality	Repetitive attempts; "matter-of-fact" descriptions.	Social failure; inability to reconcile the "fig tree".
Identity Disturbance	"I felt very still and very empty"; "I didn't know who I was."	Loss of the "Father-Colossus"; maternal submissiveness.
Affective Instability	Rapid shifts between cynical humour and despair.	Pressure to conform to NYC social worlds.
Dissociative States	The "bell jar" metaphor: feelings of unreality.	Brutal, empathy-free ECT and invalidating doctors.

Fragmentation and Scriptotherapy in Susanna Kaysen's *Girl, Interrupted*

Susanna Kaysen's memoir *Girl, Interrupted* (1993) utilises representational strategies that emphasise the "fragmentation of the self". The memoir is constructed from thirty-four short, non-linear sections that do not follow a traditional chronological path. This "non-linear flow of time" is an act of "cognitive and emotional disorientation" that mirrors the "temporal fragmentation" experienced by those with BPD (Kaysen, 1993). Kaysen employs the "parallel universe" as a spatial metaphor for the psychiatric hospital (McLean), describing it as a space that exists

alongside "normal" life but has its own rules of behaviour. This heterotopia serves as both a "prison" of entrapment and a "refuge" of order, where the girls are "stripped down to the bare bones of themselves" (Kaysen, 1993), exacerbating the "impoverished self-image" that is central to BPD. A critical element of Kaysen's narrative is "scriptotherapy"—the act of writing her own story and including her real medical records to reclaim her identity from clinical labels (Kaysen, 1993). She challenges the BPD diagnosis, asserting that it connotes "culpability" (in contrast to "blameless" schizophrenia), and thereby contests the societal stigma that pathologizes her rejection of 1960s domestic norms.

BPD Feature in <i>Girl, Interrupted</i>	Narrative Expression	Therapeutic/Critical Interpretation
Dissociation	The "parallel universe" metaphor.	Dissociation as a "heterotopia of crisis".
Unstable Relationships	"Frantic efforts" to avoid abandonment by boyfriends.	Relational instability as "thwarted communion"
Identity Diffusion	Ambivalence toward the BPD label.	Search for agency through scriptotherapy.
Chronic Emptiness	Struggle with "boredom and emptiness".	Emptiness as a "lack of integrating structure".

Colonial Erasure and Tertiary Dissociation in *Wide Sargasso Sea*

Jean Rhys's *Wide Sargasso Sea* (1966) portrays the protagonist, Antoinette Cosway, as a victim of "intergenerational trauma" and "cultural dislocation"

(Rhys, 1966). Her early life in Jamaica is marked by "multiple adversities" (MA), including the death of her father and the violent burning of her family's estate. This "profound isolation"—as a white Creole who belongs to neither the Black community nor white English society—

acts as a deep form of environmental trauma that prevents the formation of a "coherent personal narrative".

Rochester acts as the "final invalidating trauma" through psychological destruction: he renames her Bertha, an act of "identity erasure" that cuts her off from her history (Rhys, 1966). This "gaslighting" leads to Antoinette's descent into

"blankness", which serves as a literary depiction of "tertiary dissociation"—where the personality fragments into distinct identities to manage overwhelming experiences. The novel's "stream-of-consciousness" style "meanders through her various traumas", mimicking the disarray of a mind that has lost its temporal anchor.

Colonial Trauma Factor	Clinical BPD Parallel	Narrative / Symbolic Result
Burning of Coulibri	Sudden, violent psychotrauma.	Nightmares and intrusive flashbacks.
Intergenerational Madness	Maternal psychopathology.	"'Splitting' (inability to integrate self-representations).
Patriarchal Objectification	Environmental invalidation.	"Loss of agency; becoming a 'shell'.
Spatial Displacement	Social isolation / Relocation.	The "madwoman in the attic" persona.

Theorising Sadomasochistic Behaviour as a Derivative of Trauma: *A Little Life*

Hanya Yanagihara's *A Little Life* (2015) provides a sustained analysis of the "unrelenting nature" of trauma through Jude St Francis (Yanagihara, 2015). This paper theorises that Jude's adult behaviours—including chronic self-harm and sadomasochistic behaviour—are derivative consequences of his unrelenting childhood abuse (Yanagihara, 2015).

Psychoanalytic theory explains these behaviours through the "compulsion to repeat"—an unconscious attempt to "take control of the trauma and master it" (Freud). By recreating the dynamics of abuse within a consensual (if harmful) framework, the individual seeks "retroactive control" over a past situation of total helplessness (Yanagihara, 2015). Jude's self-harm is a "release mechanism" and a routine to attain agency, though it ultimately fails to erase past violations (Yanagihara, 2015).

Technique	Narrative Function	Clinical/Theoretical Correlation
Delayed Responses	Information is withheld, then released in bursts.	Caruth's theory of trauma resurfacing later.
Non-Linear Plot	Chronology is shattered to create reader confusion.	Mimics the "shattering" of the victim's identity.
Mosaic Style	Backstory is revealed in small, unpredictable fragments.	Reflects the disarray of memory and reflection.

Maternal Toxicity and the Materiality of Suffering in *Sharp Objects*

Gillian Flynn's *Sharp Objects* (2006) offers a sustained micro-close reading of "maternal invalidation" through the character of Adora Crellin. Adora's behaviour is marked by "enmeshment, emotional withdrawal, and factitious caregiving" (Munchausen Syndrome by Proxy). The protagonist Camille Preaker's self-harm—carving words

like "wicked" into her skin—is a literal act of "materiality suffering", where the body becomes a "site of scriptotherapy" (Flynn, 2006). These words represent "labels that stick" in an invalidating environment, becoming internal "intrusive thoughts" that must be externalised for Camille to feel "free" of them. Her body is the "battleground for intimacies", and her scars indicate both her survival and the "inadequate processing" of her history.

BPD Manifestation in Camille	Narrative Evidence	Clinical Correlation
Recurrent Self-Harm	Carving words like "wicked" into her skin.	Skin as a site of "mastery and resistance".
Identity Disturbance	"Quiet BPD"; lacks self-insight; lacks a self.	"Unstable sense of self" due to maternal neglect.
Impulsivity	Alcohol misuse; risky sexual behaviour.	Impulsiveness as a means of "emotion regulation".
Fear of Abandonment	Longing for Adora's love; distress when ignored.	Frantic efforts to avoid "real or imagined rejection".
Dissociation	Hallucinations; feeling "spaced out".	Transient, stress-related dissociative symptoms.

Adora's "transactional" approach to motherhood—where Camille's needs are met with neglect or injury—portrays the "generational trauma" that transforms the "nurturing mother" into a "monstrous" figure. The novel's use of sensory-cue flashbacks "erases time", mixing past and present in a "trauma-informed temporality" (Flynn, 2006).

Narrative Resilience and the Theory of Mind

The "narrative unreliability" of characters like Esther, Susanna, Antoinette, Jude, and Camille is not just a stylistic trope but a "cognitive necessity". Clinical research shows that individuals with BPD have trouble with "mentalising"—the ability to imagine how others see them. This results in a "blind spot" in emotional awareness (alexithymia), which is portrayed in literature through the "unreliable narrator" whose story is shaped by "subjective bias, omission, or mental aberration".

The reader's function in these representations is to undergo a "reception shift", rethinking reactions that seem natural and becoming a "witness" to the protagonist's "thwarted agency". Through "scriptotherapy", characters attempt to reclaim their agency, rewriting their life stories according to their perceptions of identity. This act of witnessing reinstates a sense of action, offering a path for "narrative resilience" even when the characters' fates remain tragic.

Conclusion: The Architecture of Absence and the Quest for Coherence

Borderline Personality Disorder is portrayed in these literary representations as a "disorder of temporality and selfhood" rooted in the "architecture of absence" (Zanarini, 1997). The structural instability of the borderline self is mimetically equivalent to the cognitive reality of a brain altered by chronic developmental trauma (Linehan, 1993; Caruth, 1996). By framing behaviours like sadomasochistic behaviour as derivative consequences of trauma aimed at mastery, we can empathically comprehend the identity negotiation that defines the "trauma text" (Freud, 1920). The literary analysis of these five protagonists, combined with clinical data on childhood trauma, reveals a profound "phenomenological congruence". Borderline Personality Disorder is portrayed not merely as a compilation of symptoms but as a "disorder of temporality and selfhood" rooted in the "architecture of absence".

The sharpened thesis of this paper establishes the following:

1. **Representational Mimicry:** Literary techniques such as "shattering" chronologies and "mosaic" styles are mimetic equivalents to the cognitive reality of a brain altered by developmental trauma.
2. **Invalidating Genesis:** The biosocial frame (Linehan) and multifactorial model (Zanarini)

provide a stable theoretical foundation for understanding the "structural instability" of characters like Esther Greenwood and Camille Preaker.

3. **Derivative Sadomasochism:** "Deviant" behaviours such as sadomasochism and self-harm are derivative consequences of trauma—adaptive attempts at "mastery" and "re-enactment" in response to feelings of helplessness.
4. **Narrative as Testimony:** The "trauma text" serves as a medium for "narrative resilience", where the act of "witnessing" suffering through scriptotherapy challenges psychiatric authority and reclaims agency for the "fragmented self".

By examining these literary representations through a rigorous methodological framework, we can transcend stigmatising labels and attain profound, empathic understanding of the "pain and identity negotiation" that characterises the borderline self (Smith, 14).

Current trends in trauma theory, metacognition, and clinical insight into borderline personality disorder (BPD) and narrative integration suggest the following recommendations for future research.

1. Metacognition and Narrative Agency in Integration

Future research should move beyond the Caruthian model (where trauma is "unspeakable" and "unassimilated") to explore how literary form represents metacognition, the ability to contemplate one's own mental states (Cutlip et al., 2023).

Objective: To examine the process of changing BPD characters from "fragmented" to "integrated" narratives through self-reflection.

Focus: Explore whether literary techniques (e.g., metalepsis or stream of consciousness) function as an analogue to the mastery stage of metacognition in trauma recovery (Zhai & Du, 2024).

2. Neurobiological Realism in Criticism of Literature

There's a big difference between "clinical BPD" and "literary BPD". Research should explore how recent findings in epigenetics and the HPA axis may be represented metaphorically or structurally within fiction (PMC, 2017).

Objective: To bridge the gap between the "biological" and "psychosocial" representations of trauma.

Focus: Examine the correspondence between the "Architecture of Absence" (narrative gaps) and the biological phenomenon of dissociation and diminished body ownership in BPD patients (PMC, 2022).

3. Intersectionality's Fragmentations: Trauma Beyond the Western Canon

Most studies on BPD and fragmented narratives are based on Western, English-speaking literature. Further research should examine the intersections between collective trauma (colonialism, war, and systemic oppression) and individual BPD symptomatology in postcolonial literature (Harihara Sudhan & Sanjaykumar, 2025).

Goal: To de-stigmatise BPD as a “Western” or “individualistic” pathology.

Focus: Investigate the impact of “unintentional trauma” (e.g., natural disasters or displacement) and childhood maltreatment on narrative cohesion in non-Western texts (Asati, 2026).

4. The Reader as Witness: Second-hand Trauma and Ethics

The research could shift from the text to the psychology of the reader. The reader’s experience of a fragmented, “absent” narrative may lead to vicarious trauma or “narrative exhaustion” (Asati, 2026).

Purpose: To apply affect theory to the emotional labour of reading BPD-focused narratives.

Focus: Apply reader-response theory to explore whether fragmented structures cultivate empathy or, alternatively, reinforce the stigma and “unreliability” typically linked to BPD (PMC, 2026).

REFERENCES

- [1] Abrams, Mike, et al. "Childhood Abuse and Sadomasochism: New Insights." *Sexologies*, vol. 31, no. 1, 2022, pp. 28-36.
- [2] Balaev, Michelle. *The Nature of Trauma in American Novels*. Northwestern UP, 2012.
- [3] Caruth, Cathy. *Unclaimed Experience: Trauma, Narrative, and History*. Johns Hopkins UP, 1996.
- [4] Freud, Sigmund. *Beyond the Pleasure Principle*. Translated by James Strachey, W. W. Norton & Company, 1961. (Original work published 1920).
- [5] Flynn, Gillian. *Sharp Objects*. Crown Publishing Group, 2006.
- [6] Garland, Eric L. "The Relationship Between Posttraumatic Stress Disorder and Borderline Personality Disorder: Implications for Treatment." *Psychiatric Annals*, vol. 32, no. 3, 2002, pp. 177–183.
- [7] Herman, Judith L. *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*. Basic Books, 1992.
- [8] Janet, Pierre. *The Major Symptoms of Hysteria*. Translated by Caroline Rollin Corson, Macmillan, 1907.
- [9] Kaysen, Susanna. *Girl, Interrupted*. Vintage Books, 1994.
- [10] Linehan, Marsha M. *Cognitive-Behavioural Treatment of Borderline Personality Disorder*. Guilford Publications, 1993.
- [11] Plath, Sylvia. *The Bell Jar*. Heinemann, 1963.
- [12] Rhys, Jean. *Wide Sargasso Sea*. Edited by Judith L. Raiskin, Norton Critical Edition, W. W. Norton, 1999.
- [13] Schalk, Sami. *Bodiless Minds: Reimagining Disability in Contemporary Women's Literature*. U of Wisconsin P, 2018.
- [14] Smith, Anna. *Borderline Subjects: Identity and Pain in Contemporary Culture*. Routledge, 2018.
- [15] Yanagihara, Hanya. *A Little Life*. Anchor Books, 2015.
- [16] Zanarini, Mary C., editor. *Role of Childhood Trauma in the Etiology of Borderline Personality Disorder*. American Psychiatric Press, 1997.